



our mission:

Emphasizing customer service, we provide safe, efficient, dependable, and cost-effective services.

Motor Pool Operating Supplies & Maintenance Reimbursement Request

A \$12.00 Service Charge will be applied for all preventable reimbursements.

Vehicle Information

Vehicle #/License Plate # _____

Gas Card #: _____

Employee Information

Name: _____

Address: _____

Phone: _____

Home/Cell Phone: _____

(If phone # isn't added – we can not contact you to receive missing information)

Purchase Information

Date: _____

Vehicle Mileage: _____

Station Name: _____

Station Location: _____

Purchase Amount: _____

Price per Gallon: _____ *(fuel only)*

Explanation of Purchase and why Gas Card or ARI wasn't used:

Signature: _____

Date: _____

Supervisor: _____

Date: _____

Agency: _____

Attach receipt and mail **non-fuel** transactions to:
Division of Fleet Operations
Attn: Al Orwin
PO Box 141152
SLC, UT 84114-1152

Attach receipt and mail **fuel** transactions to:
Division of Fleet Operations Fuel Network
Attn: Jeff Done
PO Box 141160
SLC, UT 84114-1160

(In order to receive a reimbursement - ALL data lines must be filled in)